

Teacher Certification
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
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NDE 20-014
Revised 1/04

CRIMINAL CHARGES SELF-REPORTING FORM

**THIS FORM MUST BE COMPLETED IF YOU ANSWERED "YES" TO QUESTION 3
UNDER THE PERSONAL AND PROFESSIONAL FITNESS SECTION OF THE APPLICATION FORM**

COMPLETE A SEPARATE FORM FOR EACH CHARGE. YOU MAY PHOTOCOPY THIS FORM.

SIGN AT THE BOTTOM OF THIS FORM.

Please Print

Name: _____ Social Security Number*: _____

Criminal Charge: _____

Date of offense: _____

Name of arresting party (Police or Sheriff's Office): _____

Court of Jurisdiction: _____

Plea and conditions of probation, if any: _____

Details of the incident: _____

You may attach any further explanation of the incident.

**YOU MUST ATTACH A COPY OF YOUR COURT RECORD(S) RELATED TO THIS CHARGE.
IF COURT RECORDS ARE NO LONGER AVAILABLE, CONTACT THE OFFICE OF GENERAL COUNSEL AT THE
NEBRASKA DEPARTMENT OF EDUCATION FOR FURTHER INSTRUCTIONS.**

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct. I hereby authorize the above-listed courts and law enforcement agencies to release any information concerning me to the Nebraska Department of Education.

Signature

Date

*The requirement that a certificate applicant provide his/her social security number is contained in *Neb. Rev. Stat. 79-810*. The uses that will be made of this number are criminal background checks prior to issuance of a certificate and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate holders.